

EXHIBIT M

MORBIDITY & MORTALITY REVIEW COMMITTEE MEETING

MINUTES

March 27, 2019

PRESENT: Dr. J. Kaplan, Dr. G. Lee, Dr. S. Gross, Dr. L. Ross, Dr. M. Sanders, Mr. W. Vertoske

ABSENT/EXCUSED: Dr. N. Marioni, Dr. J. Knoll, Ms. L. Schatzel

KING, JOSEPH C#243229; DOB: 5/3/68; DOD: 11/16/18; Midstate Correctional Facility

On November 16, 2018 at approximately 2:50 am, Mr. King was found sitting on the floor of a bathroom stall with a shoestring tied around his neck and the electrical conduit on the ceiling. Mr. King was transported to the hospital where he was pronounced dead by the emergency room doctor at 3:25 am.

SUMMARY:

Mr. King was a 50-year-old Caucasian male, married with two children with whom he had regular contact while incarcerated. Mr. King's criminal record began in 1989. It was recorded that he had seven arrests including criminal mischief 4th degree, three DWI convictions resulting in fines and suspended license and criminal possession of a controlled substance. At the time of his death, he was serving his first NYS incarceration with a sentence of 4-12 years for Arson 3rd degree, reckless endangerment 2nd, criminal mischief 4th, obstructing a firefighter's operation, and aggravated DWI. While incarcerated, Mr. King obtained three Tier 3 tickets for drug use and unauthorized medication, the last being issued in May of 2018.

Mr. King began drinking alcohol at the age of eight and by the time he was 18 he would become intoxicated daily to the point of passing out. He also began smoking cannabis in the 4th grade. Mr. King received outpatient substance abuse treatment through St. Joseph's Outpatient while in jail and at the clinic while in the community. He also participated in substance abuse treatment while incarcerated.

Mr. King had a documented mental health history beginning in 2009 when he went to Champlain Valley Physicians Hospital emergency room for depression and anxiety and thoughts of shooting himself. The next bout of noted treatment was in 2012 while in county jail for depression. He was diagnosed with Anxiety Disorder NOS, Alcohol and Cannabis Dependence, full sustained remission at that time. Upon admission to Clinton Correctional Facility in 8/2013, he was admitted to mental health services due to an active medication order for Trazadone, Celexa, and Vistaril. During that time, he reported issues with depression and anxiety. From 2013 to 2016 he reported some symptoms but appeared fairly stable until 2/2016 when he received 24 months after attending the parole board.

In July 2016, Mr. King made a suicide attempt. Following the attempt, he was placed in RCTP for monitoring. It was reported that the trigger for his suicide attempt was from withdrawing from illicit substances; it was not documented what he was using at that time. During that time his mental health level was changed to a 1S due to his suicide attempt. On July 19 2016, he was transferred to RCTP Dorm where he remained until August 8. Within that time frame, he received a visit from his wife who then called the facility expressing concern about a conversation they had.

In January of 2018, the clinician expressed concern that Mr. King resigned from his painting job, quite AA meetings and no longer attended church which he had previously reported that those activities had helped him, and that his mother had passed. He reported using illicit substances and that it was due to visits with his wife

going bad. Of note, records indicated that his wife had not been on a visit since April of 2018. He was again removed from his drug treatment programming due to his drug use and tickets.

Mr. King's October callout was canceled and rescheduled for November 2, which he attended. He spoke about his anxiety and feeling edgy and how he would never hurt himself again. He was not taking the prescribed medication as it was making him edgy. He spoke about working as a porter, waiting for an opening to get back into ASAT, having regular contact with his family, and again going to church and AA meetings. Mr. King was found hanging on November 16, 2018.

Notes were found in Mr. King's cell; one addressed to his wife indicating that he wanted to talk to her and hoped she would visit him soon. His concern was that she wanted to end the relationship and stated that he couldn't live without her. He also noted to his children that he was sorry and that he loved them.

Staff interviews were conducted and noted that he was not very engaged with clinicians or treatment. His main interest was in his medication changes. The psychiatrist noted it was very difficult in treating Mr. King due to his substance abuse and that his substance abuse may have contributed to his symptoms. Inmate peer interviews were conducted and revealed that Mr. King spoke the previous day about his wife being on the verge of leaving him and his feeling of hopelessness. It was also noted that an inmate expressed concern that there were no Suicide Prevention/Warning Sign posters in the unit that could have helped him.

There were many predisposing risk factors for Mr. King's suicide. He had a documented history of mental health treatment both in the community and in his incarceration. Mr. King had an extensive substances abuse history and was continuing to use illicit substances while in prison. He also had one serious suicide attempt while incarcerated following withdrawal from substances. Mr. King was facing marital discord, the death of his mother, various medication changes, and concerns about having to remain in prison for another 2 years with his upcoming parole board.

DISCUSSIONS/RECOMMENDATIONS:

1. If patients are displaying an increase in symptoms, they should be seen more frequently in RCTP from their respective housing unit. It would also be beneficial for more frequent follow-ups when the team receives information from a patient's family that the patient is engaging in odd behavior.
2. If a clinician is sitting in on the VTC session and wants this contact be considered a monthly contact, it is important for the clinician to write a full monthly progress note to be compliant with policy versus just saying that he or she was present for the VTC contact.
3. Though patients can be designated an S due to recent suicide attempts, his diagnosis of Adjustment Disorder should have been revisited as his symptoms persisted longer than six months. If needed, a testing referral should have been submitted to assist in diagnostic clarification.
4. It was recommended, based upon findings of recent psych autopsies, to retrieve telephone records/transcripts as they can play a direct role in suicide. Thus, additional collaboration from DOCCS is needed in order to obtain these records, especially when the suicide occurs within 24 hours of the phone conversation.

5. The question was raised if it is clear to family members how to contact staff to express concerns of unusual or dangerous behavior. This would include having a specific staff liaison to contact if any negative information is received after inmate/patient telephone calls.
6. It was recommended that new suicide prevention posters be placed in standardized areas including housing units.
7. Ensuring increased communication between this committee and Incident Review Committee was discussed.

Next MMRC Meeting: April 24, 2019; Cabinet Conference Room

Respectfully submitted,
Ann Cinelli, Secretary 1

Cc: Executive Director